

www.mass.gov/abcc

### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 018600002		CITY OR TOW	N CHARLEN	MONT
APPLICATION	N FOR RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NA	AME: MOHAWK TRA	IL HOSPITALITY,	INC		
DOING BUSIN	NESS A THE CHARLE	MONT INN			
ADDRESS 107	MAIN ST				
CITY/TOWN:	CHARLEMONT	STATE: MA	ZIP CODE:	01339	
	SHIMANDLE, TY	YPE OF LICENSE: I	nnholder	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	N OF LICENSED PREM				
STAGECOACI	Γ FLR & SECOND FLR H TAVERN, PARLORS IG ROOM AND PATIO	, DINING ROOM. S			RLORS
I hereby certify	and swear under penaltic	es of perjury that:			
1. the r	renewed license will be o	f the same type for the	ne same premises no	w licensed;	
	licensee has complied wi		_	g to taxes; and	
3. the p	premises are now open for	or business (If not exp	plain below)		
GIGNED DV					
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT)	Individual Social S	Security Number)
Acts of 2004, s	signed, attest that we as signed by the building it and (2) the certificate of	nspector and the he	ad of the fire depar	rtment for the	above
Please Check Below	<u>w:</u>		LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disapproved	CAPIUM)				
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 0186	00005		(	CITY OR TOW	N CHARLEN	MONT
APPLICATION FOR REN	EWAL:	Annı	ıal	LICE	ENSED FOR 2	013
		CLA	SS			YEAR
LICENSEE NAME: MOI	HAWK PAR	K CORPORAT	ION			
DOING BUSINESS A MC	HAWK PA	RK				
ADDRESS 559 TEA STRE	EET					
CITY/TOWN: CHARLEN	MONT	STATE:	MA	ZIP CODE:	01339	
MANAGER: FANTUCC PAUL R.	HIO, T	YPE OF LICEN	SE: Resta	urant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE .	ALSO VISIT OUR	WEBSITE AND ENTER	R YOUR EMA	IL ADDRESS		
DESCRIPTION OF LICEN						
TWO DINING ROOMS, C STORAGE; 2 PORCHES (						OR
I hereby certify and swear u	ınder penalti	es of perjury tha	at:			
1. the renewed lice	ense will be o	of the same type	for the sa	ime premises no	ow licensed;	
2. the licensee has	complied wi	th all laws of th	e Commo	nwealth relating	g to taxes; and	
3. the premises are	now open fo	or business (If n	ot explaii	below)		
SIGNED BY						
Indi	vidual, Partn	er or Authorize	d Corpora	te Officer		
DATE:	TELEPHO	NE NUMBER:			YER IDENTIFICAT	
				(Note: NOT	Individual Social S	Security Number)
We the undersigned, atte Acts of 2004, signed by the named license and (2) the of 2010.	ne building i	nspector and t	he head o	of the fire depa	rtment for the	e above
Please Check Below:				LOCAL LICE	NSING AUTH	ORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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LICENSE NU	MBER: 018600009	CITY OR TOWN CHARLEMON				IONI
APPLICATION FOR RENEWAL:		Annua	ı <b>1</b>	LIC	ENSED FOR 20	013
		CLAS	S			YEAR
LICENSEE N.	AME: BERKSHIRE E	AST SKI RESOR	T LLC			
DOING BUSI	NESS A					
ADDRESS SC	OUTH RIVER ROAD					
CITY/TOWN:	CHARLEMONT	STATE:	MA	ZIP CODE	: 01339	
MANAGER:	SCHAEFER, ROY TA.	TYPE OF LICENS	E:Genera premise		CATEGORY:	All Alcohol
EMAIL ADDI	RESS:					
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER Y	YOUR EMAIL	ADDRESS		_
DESCRIPTIO	N OF LICENSED PRE	MISES:				
MAIN LODG	E AND WEST LODGE					
I hereby certify	y and swear under penal	ties of perjury that	:			
1. the	renewed license will be	of the same type f	or the san	ne premises r	now licensed;	
2. the	licensee has complied w	ith all laws of the	Common	wealth relatii	ng to taxes; and	
3. the	premises are now open	for business (If no	t explain l	pelow)		
SIGNED BY	Individual, Part	ner or Authorized	Corporate	e Officer		
DATE:	TELEPHO	ONE NUMBER:			YER IDENTIFICAT  Individual Social S	
Acts of 2004,	rsigned, attest that we a signed by the building e and (2) the certificate	inspector and the	e head of	the fire dep	artment for the	above
Please Check Bel	ow:		I	OCAL LICE	ENSING AUTH	ORITY
APPROVED:			F	By:		
DISAPPROVI	· .					
(If disapproved	d explain)		_			
			=			
DATE:			-			
APPLICATION FOR	R RENEWAL MUST BE FILED B	Y LICENSEES DURING	THE MONT	H OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	5A)



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### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 018600014		CITY OR TOWN	N CHARLEM	MONT
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:					
DOING BUSINESS	A VALLEY VIEW F	FARM			
ADDRESS WARFI	ELD RD				
CITY/TOWN: CH	ARLEMONT	STATE: MA	ZIP CODE:	01339	
MANAGER: GLA	AZE, JOHN W. TYPI	E OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					]
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISI	ES:			
	ON TWO FLOORS OF TENT OR PAVILLION				
I hereby certify and	swear under penalties	of perjury that:			
1. the renew	ved license will be of the	he same type for th	e same premises no	w licensed;	
	see has complied with a		_	to taxes; and	
3. the premi	ises are now open for b	ousiness (If not exp	lain below)		
SIGNED BY	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOY	ER IDENTIFICAT	TON NUMBER:
			(Note: NOT )	ndividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are i d by the building insp (2) the certificate of l	pector and the hea	d of the fire depar	tment for the	above
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				<del></del>
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NU	JMBER: 018600015		CITY OR TOWN CHAR	LEMONT
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FO	PR 2013
		CLASS		YEAR
LICENSEE N	JAME: CRAB APPL	LE WHITEWATER, INC		
DOING BUS	INESS A			
ADDRESS R	OUTE 2			
CITY/TOWN	: CHARLEMONT	STATE: MA	ZIP CODE: 01339	)
MANAGER:	MOONEY, JENNIFER L.	TYPE OF LICENSE: Re	estaurant CATEGO	RY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTIO	ON OF LICENSED P	REMISES:		
	STRUCTURE WITH ROOM AND STORAG		COUNTER AREA, DINING	RM,
I hereby certif	fy and swear under per	nalties of perjury that:		
1. the	e renewed license will	be of the same type for the	e same premises now licensed	l;
2. the	e licensee has complie	d with all laws of the Com	monwealth relating to taxes;	and
3. the	e premises are now op	en for business (If not expl	lain below)	
SIGNED BY				
	Individual, P	Partner or Authorized Corp	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIF	
			(Note: <u>NOT</u> Individual So	ociai Security Number)
<b>Acts of 2004</b>	, signed by the buildi	ing inspector and the hea	ne certificate required by Cl d of the fire department for urance required by Chapter	the above
Please Check Be			LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	a expiaiii)			
DATE:				



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 018600017		CITY OR TOWN	CHARLEMONT
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: COLD RIVE	ER INC.		
DOING BUSINESS A COLD RIV	ER PACKAGE STORE		
ADDRESS 31 MAIN ST			
CITY/TOWN: CHARLEMONT	STATE: MA	ZIP CODE:	01339
MANAGER: WHITE, PETER A	. TYPE OF LICENSE:Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSED P	REMISES:		
32X16 FT BUILDING. ONE ROO A WINE CELLAR AND STORAC			
2. the licensee has complied 3. the premises are now operations of the premises are now operations.  SIGNED BY  Individual, I		lain below)	
DATE: TELE	PHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below:			ING AUTHORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 018600018		CITY OR TOWN CHARLEN	MONT
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: SONIVYA, DOING BUSINESS A 4 FAMILY			
ADDRESS MAIN STREET			
CITY/TOWN: CHARLEMONT	STATE: MA	ZIP CODE: 01339	
MANAGER: GROSS,	TYPE OF LICENSE: Pa	ckage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	_
DESCRIPTION OF LICENSED P	REMISES:		
the licensee has complied     the premises are now operated as a second se	ed with all laws of the Com		
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: <u>NOT</u> Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 0	18600019	(	CITY OR TOWN	CHARLEN	MONT
APPLICATION FOR R	ENEWAL:	Annual	LICEN	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: O	TTERS RESTAU	RANT INC.			
DOING BUSINESS A	OTTERS				
ADDRESS ROUTE 2					
CITY/TOWN: CHARI	LEMONT	STATE: MA	ZIP CODE:	01339	
MANAGER: AHERN	, JENNIFER TYP	PE OF LICENSE: Resta	urant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF LIC			n.n.n.a		
FIRST FLOOR DININC COCKTAIL LOUNGE	j ROOM, COCKT	FAIL LOUNGE AND	BAR, BASEMEI	NT ROOM A	ND
I haraby contify and	or under menelti	of porium that			
I hereby certify and swea	1	of perjury that: the same type for the sa	ame nremises nov	v licensed:	
		all laws of the Commo	-		
	-	business (If not explain	•	to tarios, and	
SIGNED BY					
Ir	ndividual, Partner	or Authorized Corpora	te Officer		
DATE:			EMPLOYE	D IDENTIFICAT	EION NILIMBER
DATE.	TELEPHONI	E NUMBER:			TION NUMBER: Security Number)
			` <u></u> -		, , , , , , , , , , , , , , , , , , , ,
We the undersigned, a		•	-		
Acts of 2004, signed by named license and (2)		_	_		
of 2010.					
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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LICENSE NUI	MBER: 018600020		CITY OR TOWN	N CHARLEN	IONT
APPLICATION	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: CURTIS COUN	NTRY STORE, INC			
DOING BUSIN	NESS A				
ADDRESS 159	9 MAIN ST				
CITY/TOWN:	CHARLEMONT	STATE: MA	ZIP CODE:	01339	
MANAGER:	SMITH, JENNA	ΓΥΡΕ OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
	N OF LICENSED PRE		(TEN ITT		
FIRST FLOOR	R WITH ADDITIONAL	L STORAGE IN BASEN	MENT		
2. the	licensee has complied v premises are now open	of the same type for the vith all laws of the Comfor business (If not explanation or Authorized Corporate of Authorized Corp	monwealth relating ain below)		
DATE:	TELEPH	ONE NUMBER:		ER IDENTIFICAT	
Please Check Belo	ow:		LOCAL LICEN	ISING AUTHO	ORITY
APPROVED: DISAPPROVE			By:		
(If disapproved					
11	- '				
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED E	BY LICENSEES DURING THE M	IONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 16	5A)